



County of San Bernardino

F A S

**STANDARD CONTRACT**

**FOR COUNTY USE ONLY**

<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code	SC	Dept.	A	Contract Number	
County Department Public Health			Dept. PHL	Orgn. 0501	Contractor's License No.	
County Department Contract Representative Betty Ansley			Telephone 388-5665		Total Contract Amount \$450	
Contract Type <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:						
If not encumbered or revenue contract type, provide reason:						
Commodity Code		Contract Start Date 07/01/03		Contract End Date 06/30/04		Amendment Amount
Fund AAA	Dept. PHL	Organization 0501	Appr.	Obj/Rev Source 9425	GRC/PROJ/JOB No.	Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
Project Name			Estimated Payment Total by Fiscal Year			
			FY	Amount	I/D	

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name

Victor Valley Christian School

hereinafter called School

Address

15260 Nisquali Rd. Victorville, CA. 92392

Telephone

Federal ID No. or Social Security No.

**IT IS HEREBY AGREED AS FOLLOWS:**

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

This agreement is made and entered into by the Victor Valley Christian School, hereinafter referred to as School, and County of San Bernardino, a political subdivision of the State of California, hereinafter referred to as County. The San Bernardino County Department of Public Health will hereinafter be referred to as Department.

**WHEREAS**, the above named parties desire to set forth in writing the specific terms and conditions mutually agreed to regarding nursing services for the purposes authorized by Sections 49452, 49452.5, 49454 and 49455 of the Education Code.

**NOW THEREFORE**, it is mutually agreed and covenanted that:

1. The Department shall provide school nursing services for the Victor Valley Christian School as listed in **Attachment A** to this agreement. **Attachment A** is hereby made a part of this agreement.

**Auditor/Controller-Recorder Use Only**

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

2. School will reimburse the Department at the rate of \$45.00 an hour, for 10 hours, for a total of \$450.00. Travel time from the Department nurses' offices to the school sites and back to the Department will be part of the contracted 10 hours.
3. Reimbursement for all services referenced herein shall be due upon receipt of an invoice stating the hours of services rendered and the costs incurred thereby; said invoices to be rendered to School by the Department on or about the following dates: February 28, 2004 and August 30, 2004.
4. The Department or the School may request changes to the contracted hours through a written amendment. Otherwise, alteration or variation of the terms of this agreement shall be invalid unless made in writing and signed by the parties hereto. No oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto.
5. A monthly activity report of the nurses' school activities and hours expended will be kept on file at the Department office. A copy of the same shall be submitted to the School monthly or quarterly, as determined by the School.
6. School agrees to indemnify, defend and hold harmless the Department, the County and their authorized agents, officers, volunteers and employees against any and all claims or actions arising from the School's acts or omissions and for any costs or expenses incurred by the Department, County or School on account of any claim therefore.
7. The County agrees to indemnify and hold harmless the School and its authorized agents, officers, volunteers and employees against any and all claims or actions arising from County's negligent acts or omissions and for any costs or expenses incurred by the Department, County or School on account of any claim therefore.
8. The period of this agreement shall be from July 1, 2003 through June 30, 2004. This agreement may be terminated by either party upon thirty (30) days written notice to the other. The Public Health Programs Administrator shall exercise full County rights under the terms of this agreement. In the case of such termination, the Department will invoice the School for costs associated with activities performed in accordance with this agreement prior to the effective date of termination.

COUNTY OF SAN BERNARDINO

►  
Dennis Hansberger, Chairman, Board of Supervisors

Dated: \_\_\_\_\_

SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE  
CHAIRMAN OF THE BOARD

Clerk of the Board of Supervisors  
of the County of San Bernardino.

By \_\_\_\_\_  
Deputy

\_\_\_\_\_  
(Print or type name of corporation, company, contractor, etc.)

By ►  
(Authorized signature - sign in blue ink)

Name \_\_\_\_\_  
(Print or type name of person signing contract)

Title \_\_\_\_\_  
(Print or Type)

Dated: \_\_\_\_\_

Address \_\_\_\_\_

Approved as to Legal Form

►  
County Counsel

Date \_\_\_\_\_

Reviewed by Contract Compliance

►

Date \_\_\_\_\_

Presented to BOS for Signature

►  
Department Head

Date \_\_\_\_\_

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